

Work Order ID 100116

April-18-13 9:26:36 AM

ASAL

\*100116\*

Page 1

Item ID: 646.3711

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Clip

Stop

\*NS2\*

Start Date: 4/18/13 Start Qty: 10.00

\*10\*

Cust Item ID:

Required Date: 4/25/13 Req'd Qty: 10.00

\*10\*

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 13-04-18 Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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646.3700	A
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110 0.00 12 0 Jn 13-4-19  
\*110\* Waterjet

FLOW CNC Waterjet  
6061.063 Memo 0.00 12 0 Jn 13-4-19  
1-Cut as per Dwg  
Dwg Rev: A  
Prog Rev: A

2-Deburr if necessary

120 QC2- Inspect parts off machine FAI/FAIB 0.00

\*120\* QC Memo 0.00 12 0 Jn 13-4-19  
Quality Control

NCR: Yes / No

DQA: Date:

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS									
				Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other							
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
<b>FAULT CATEGORY</b>															
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

Work Order ID 100116

April-18-13 9:26:36 AM

\*100116\*

Page 2

Item ID: 646.3711

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Clip

Stop

\*NS2\*

Start Date: 4/18/13 Start Qty: 10.00

\*10\*

Required Date: 4/25/13 Req'd Qty: 10.00

\*10\*

Reference:

Cust Item ID:

Customer:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

QC8- Inspect parts - second check

0.00

0AS  
27  
98

12

\*130\*

QC

Quality Control

Memo

0.00

134-19

140

Form as per dwg

0.00

\*140\*

Brake NC

Memo

0.00

PTO  
Sp 13/04/23

Brake NC

150

QC5- Inspect part completeness to step on W/O

0.00

0AS  
27  
98

\*150\*

QC

Quality Control

Memo

0.00

134-23

11

NCR:  Yes /  No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA ✓ Date: 13/05/23QA Closed: ✓ Date: 13/5/23

Work Order: <u>100116</u>	DISPOSITION			AGAINST DEPARTMENT/PROCESS									
Part No. <u>646.3711</u>	Rework	Scrap <input checked="" type="checkbox"/>	Use-as-is	Skid-tube	Machining	Crosstube	Water Jet	Engineering					
NCR No. <u>13-26047</u>	Work Order Update			Thermoforming	Finishing	Small Fab	Prod. Eng. Coor.	Quality					
				Large Fab	Composite	Rec/Store/Packaging	Supplier	Other					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data				<p>1 piece scrap out of tolerance at the set up QTR ① R.C process</p>		<p>DAS 16 9-8 Q52042 13/05/22</p>	<p>Scrap &amp; destroy No replace # 25.00</p>	<p>AS 27 9-8 13/04/23 13424</p>	<p>DAS 16 9-8 Q52042 13/05/22</p>				
Equip/Tooling													
Operator													
Material													
Setup	<u>13/04/23</u>	<u>140</u>	<u>1</u>										
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
<p>Landing Gear</p> <p>Bending Centre Not Concentric to O/S Cracks Crushed/Crimped Cuffs Heat Treat Inspection Strip in Tube Ripples in Bend Torque Waves in Extrusion Turning Sequence Wave/Twist in Tube</p>				<p>General</p> <p>Bend BOM/Route Broken/Damaged Burrs Contamination Countersink Cut Too Short Drill Holes Drawing Finish Folio</p> <p>Grain Hardware Inspection Incomplete Instructions Incomplete/Unclear Maintenance Mislabeled Misread Offset Out of Calibration Out of Sequence Outside Dimensions</p>							<p>Ovalized Over/Under tolerance Part Incorrect Part Lost/Missing Part Moved Positioned Wrong Power Loss/Surge</p> <p>Pressure/Forced Temperature/Cure Weld Wrong Stock Pulled</p> <p>Other</p>		

# Work Order ID 100116

April-18-13 9:26:36 AM

\*100116\*

Page 3

Item ID: 646.3711

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Clip

Stop

\*NS2\*

Start Date: 4/18/13 Start Qty: 10.00

\*10\*

Required Date: 4/25/13 Req'd Qty: 10.00

\*10\*

Cust Item ID:

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:		Stop	*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160 <b>*160*</b> Outsource4	Outsource process-Anodize per QSI017 4.1.10.1	0.00							
Outsource process - Anodize	Memo	0.00							
	HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)								

170 <b>*170*</b> Packaging Packaging	Receive & Inspect for Damage & Mat'l Certs	0.00							
	Memo	0.00							

180 <b>*180*</b> QC Quality Control	QC5- Inspect part completeness to step on W/O	0.00							
	Memo	0.00							

DA  
27

BS/17

CL 13/05/06 (11)

43/01/17 (10)

11

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____ Part No. _____ NCR No. _____				<b>DISPOSITION</b> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>								
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector		
Doc/Data	<input type="checkbox"/>													
Equip/Tooling	<input type="checkbox"/>													
Operator	<input type="checkbox"/>													
Material	<input type="checkbox"/>													
Setup	<input type="checkbox"/>													
Other	<input type="checkbox"/>													
Process	<input type="checkbox"/>													
Supplier	<input type="checkbox"/>													
Training	<input type="checkbox"/>													
Unapproved	<input type="checkbox"/>													
<b>FAULT CATEGORY</b>														
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
													<input type="checkbox"/> Other	

**Work Order ID 100116**

April-18-13 9:26:36 AM

**\*100116\***

Page 4

Item ID: 646.3711

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Item Name: Clip

Stop

**\*NS2\***

Start Date: 4/18/13 Start Qty: 10.00

**\*10\***

Cust Item ID:

Required Date: 4/25/13 Req'd Qty: 10.00

**\*10\***

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***Sequence ID/  
Work Center ID  
190**\*190\***

SprayPaint

Spray Painting

Operation  
DescriptionSet Up/  
Run Hours  
0.00

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

Memo

0.00

PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 2)

BATCH: 125452

Prime@ A.T.C.

200

**\*200\***

QC

Quality Control

QC14- Inspect Spray Paint

0.00

Sm7

Memo

0.00

BS2212

210

**\*210\***

Packaging

Packaging

Identify as per dwg & Stock Location: 87036

0.00

Memo

0.00

\*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV\*\*\*

4/3/13 12

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS						
Part No. _____			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/> Equip/Tooling <input type="checkbox"/> Operator <input type="checkbox"/> Material <input type="checkbox"/> Setup <input type="checkbox"/> Other <input type="checkbox"/> Process <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	

**Work Order ID 100116**

April-18-13 9:26:36 AM

**\*100116\***

Page 5

Item ID: 646.3711

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: Clip

Stop

**\*NS2\***

Start Date: 4/18/13

Start Qty: 10.00

**\*10\***

Cust Item ID:

Required Date: 4/25/13

Req'd Qty: 10.00

**\*10\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

220

QC21- Final Inspection - Work Order Release

0.00

**\*220\***

QC

Quality Control

Memo

0.00

13/5/21

MLS 13-05-17

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	Bend	Grain	Ovalized	Pressure/Forced							
Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure							
Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld							
Crushed/Crimped.	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled							
Cuffs	Contamination	Maintenance	Part Moved								
Heat Treat	Countersink	Mislabeled	Positioned Wrong								
Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge								
Ripples in Bend	Drill Holes	Offset									
Torque Waves in Extrusion	Drawing	Out of Calibration									
Turning Sequence	Finish	Out of Sequence									
Wave/Twist in Tube	Folio	Outside Dimensions									

**Picklist Print**

April-18-13 9:26:40 AM

Page 1

Work Order ID: 100116

**\*100116\***

Parent Item: 646.3711

**\*646 3711\***

Parent Item Name: Clip

Start Date: 4/18/13

Required Date: 4/25/13

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A 12.11.23 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6S.063		Purchased	No			110	sf	220.8625	0.036	0.378947	**	0.5	
<b>*M6061T6S 063*</b> 6061-T6 .063 Sheet													JM13-4-19

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT021	220.8625	
123135	120.5625	
124003	100.3	124003

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending		Bend		Grain		Ovalized		Pressure/Forced			
Centre Not Concentric to O/S		BOM/Route		Hardware		Over/Under tolerance		Temperature/Cure			
Cracks		Broken/Damaged		Inspection Incomplete		Part Incorrect		Weld			
Crushed/Crimped		Burrs		Instructions Incomplete/Unclear		Part Lost/Missing		Wrong Stock Pulled			
Cuffs		Contamination		Maintenance		Part Moved					
Heat Treat		Countersink		Mislabeled		Positioned Wrong					
Inspection Strip in Tube		Cut Too Short		Misread		Power Loss/Surge		Other			
Ripples in Bend		Drill Holes		Offset							
Torque Waves in Extrusion		Drawing		Out of Calibration							
Turning Sequence		Finish		Out of Sequence							
Wave/Twist in Tube		Folio		Outside Dimensions							

DART AEROSPACE LTD	Work Order:	100116
Description: Clip	Part Number:	646.3711
Inspection Dwg: 646.3700 Rev: A		Page 1 of 1

## FIRST ARTICLE INSPECTION CHECKLIST

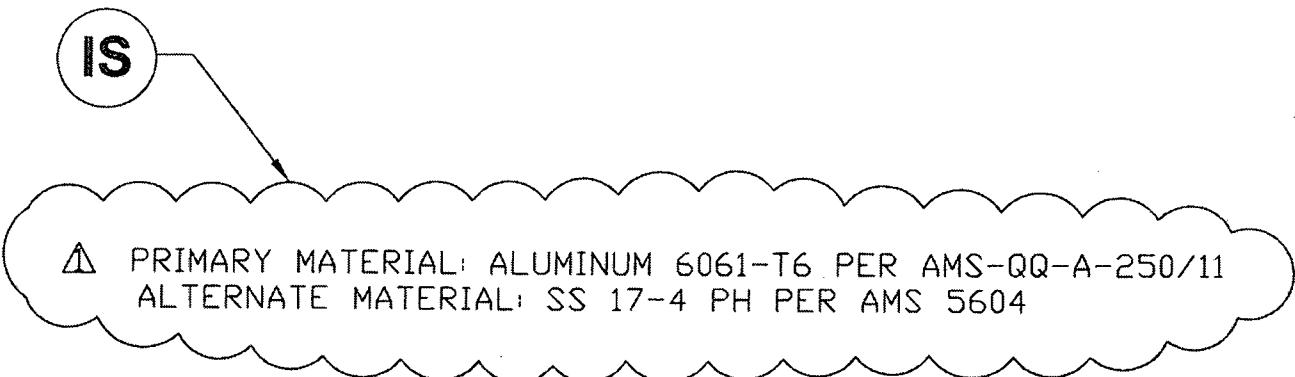
QAS

Measured by:	JM	Audited by:	27	Preliminary Approval:	
Date:	13-4-19	Date:	13-4-19	Date:	

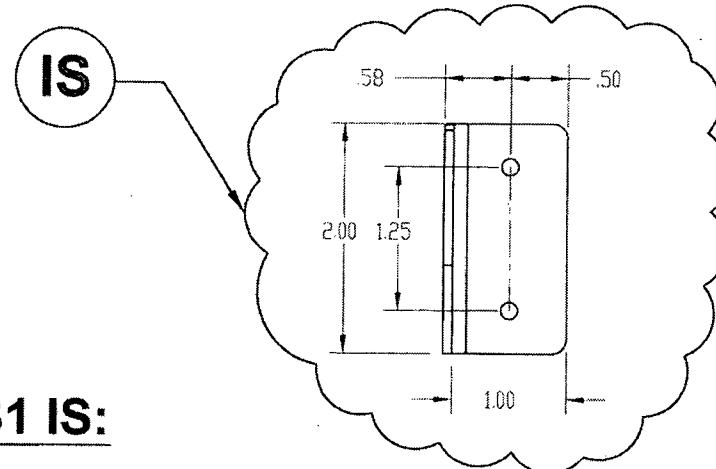
Rev	Date	Change	Revised by	Approved
A	13.03.04	New Issue	KJ	

APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 03702				SHEET 1 OF 2	
	DWG NO. 646.3700	REV: A	PREPARED BY B. PETERS	DATE: 11/15/12	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
DWG TITLE: SHEETMETAL						
APPROVED BY:	ENGR: <i>[Signature]</i>	MFG: <i>Darrin Barber</i>	QC: <i>[Signature]</i>	EFF: NEXT ORDER		
TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE		REASON: ADDED ALTERNATE MATERIAL AND REVISED REFERENCE DIMENSIONS			EDR:	D-12-010

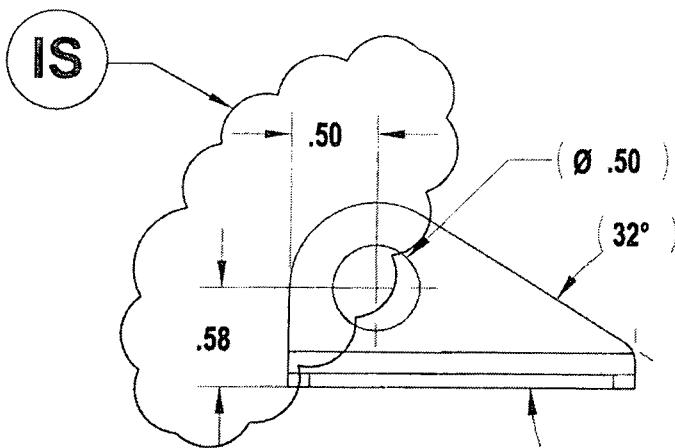
**SHEET 1, ZONE A2 IS:**



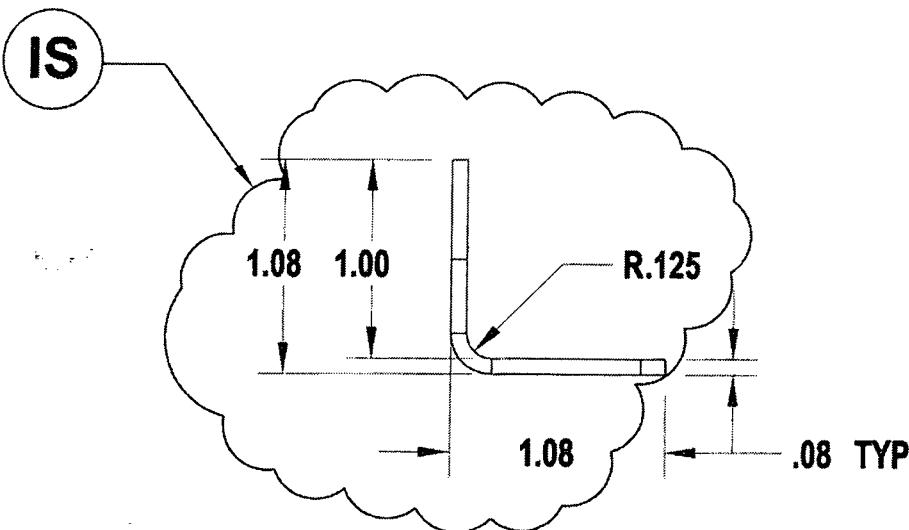
**SHEET 7, ZONE B1 IS:**



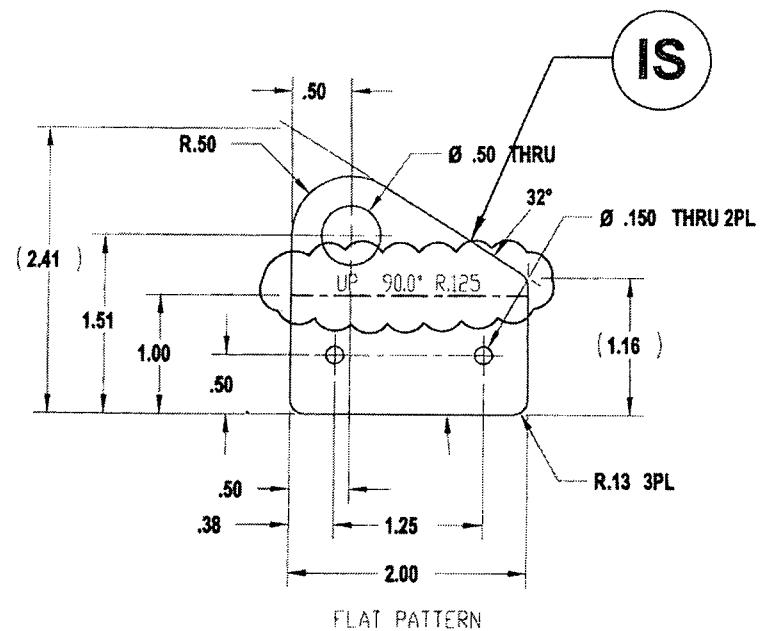
F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION
DOCUMENTS EFFECTED:				<input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> ICA <input type="checkbox"/> BOM	CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO



**SHEET 7, ZONE C4 IS:**



**SHEET 7, ZONE D1 IS:**



**SHEET 7, ZONE B7 IS:**

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
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100116

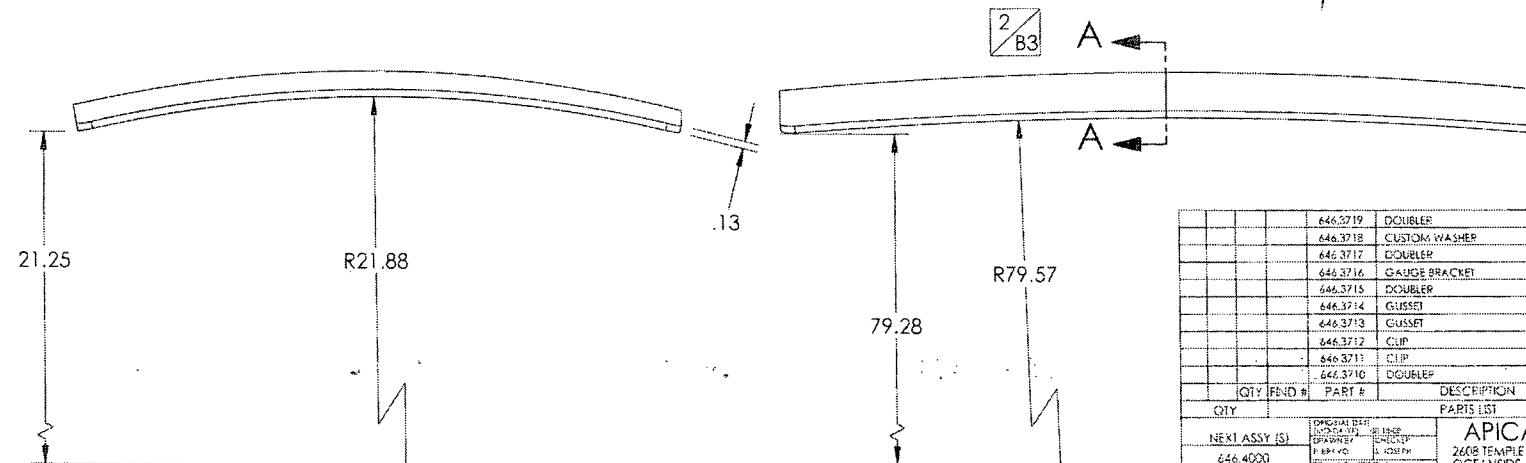
135

- 1. MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/1
- 2. FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III,  
CLASS 2, COLOR BLACK;  
CARDINAL 4860-50 PRETREATMENT PRIMER  
PRIME IAW MIL-P-23377J TYPE I CLASS N
- 3. MATERIAL: 17-4 PH AMS 5604, CONDITION H900
- 4. FINISH: PRIME IAW MIL-P-23377J TYPE I CLASS N
- 5. DEBURR AND BREAK ALL SHARP EDGES
- 6. IDENTIFY IAW MPP-120

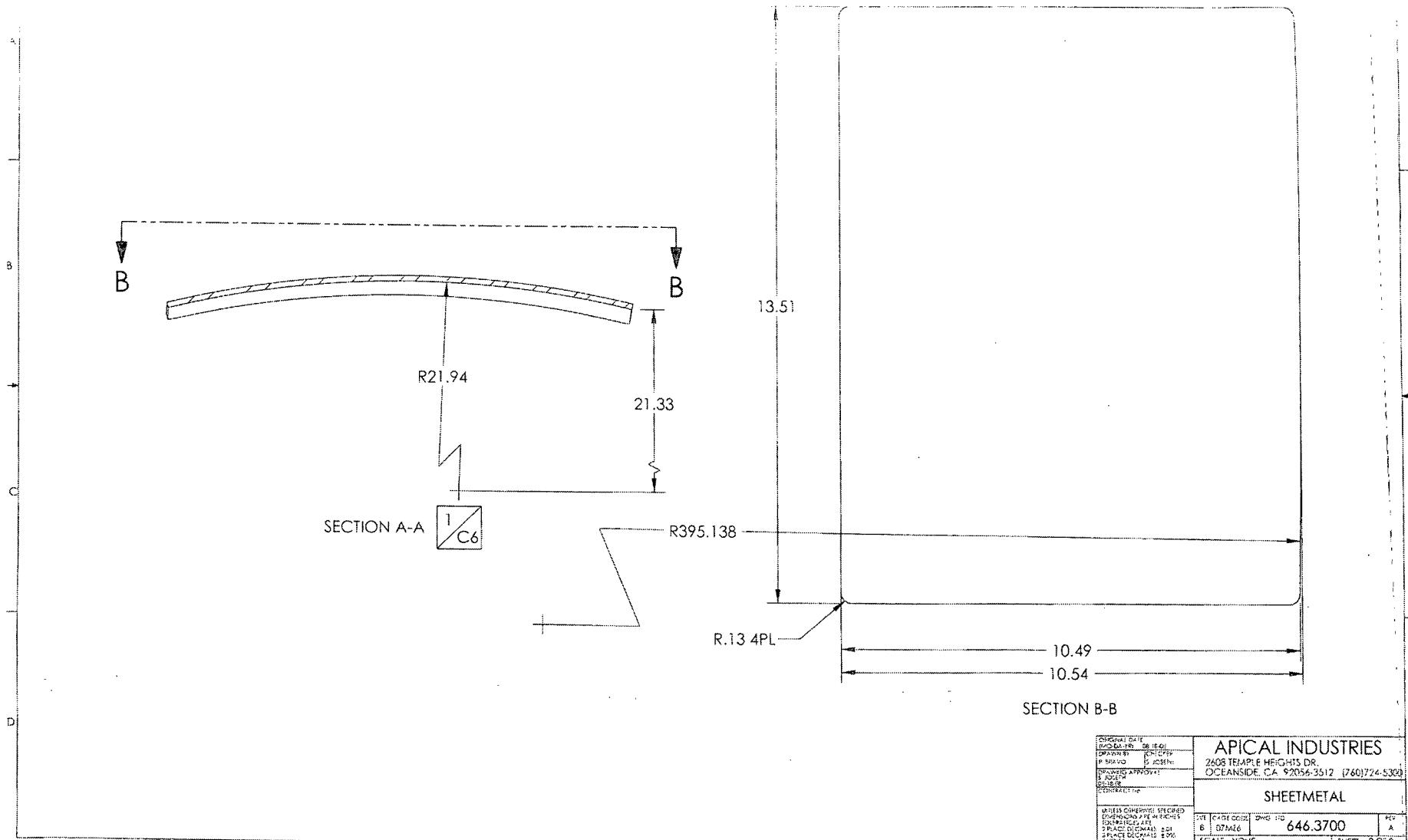
646.3710

**UNINCORPORATED ECN(s)**

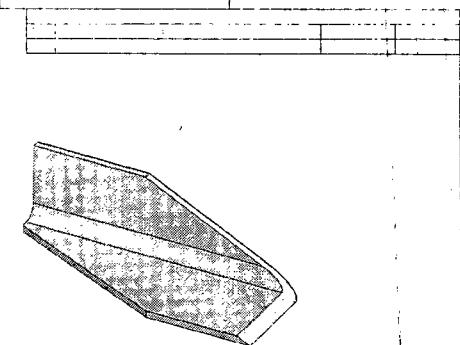
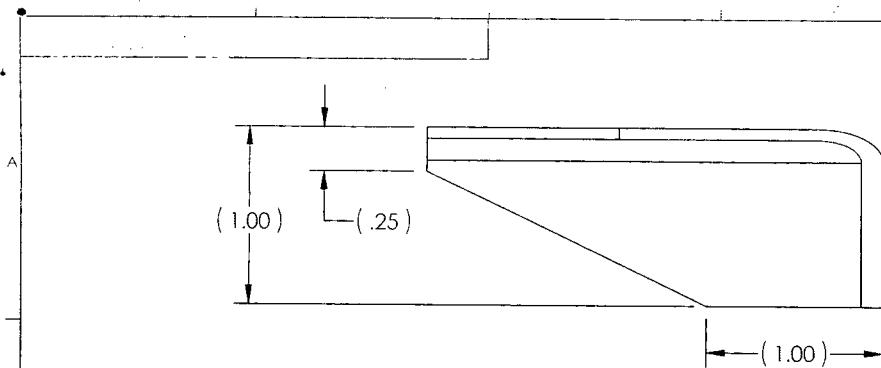
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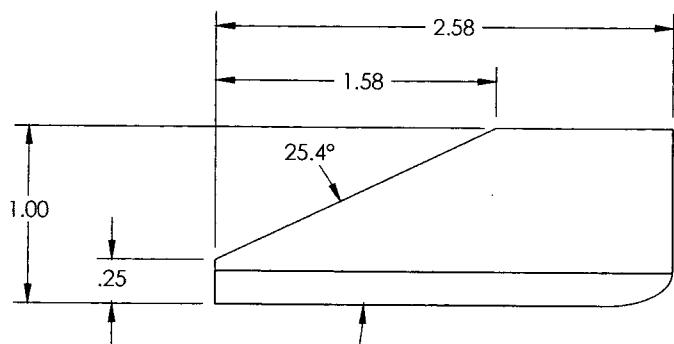
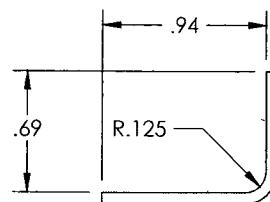
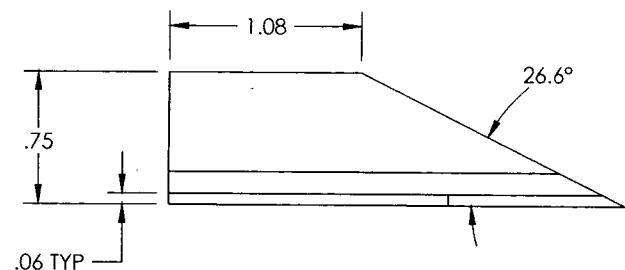
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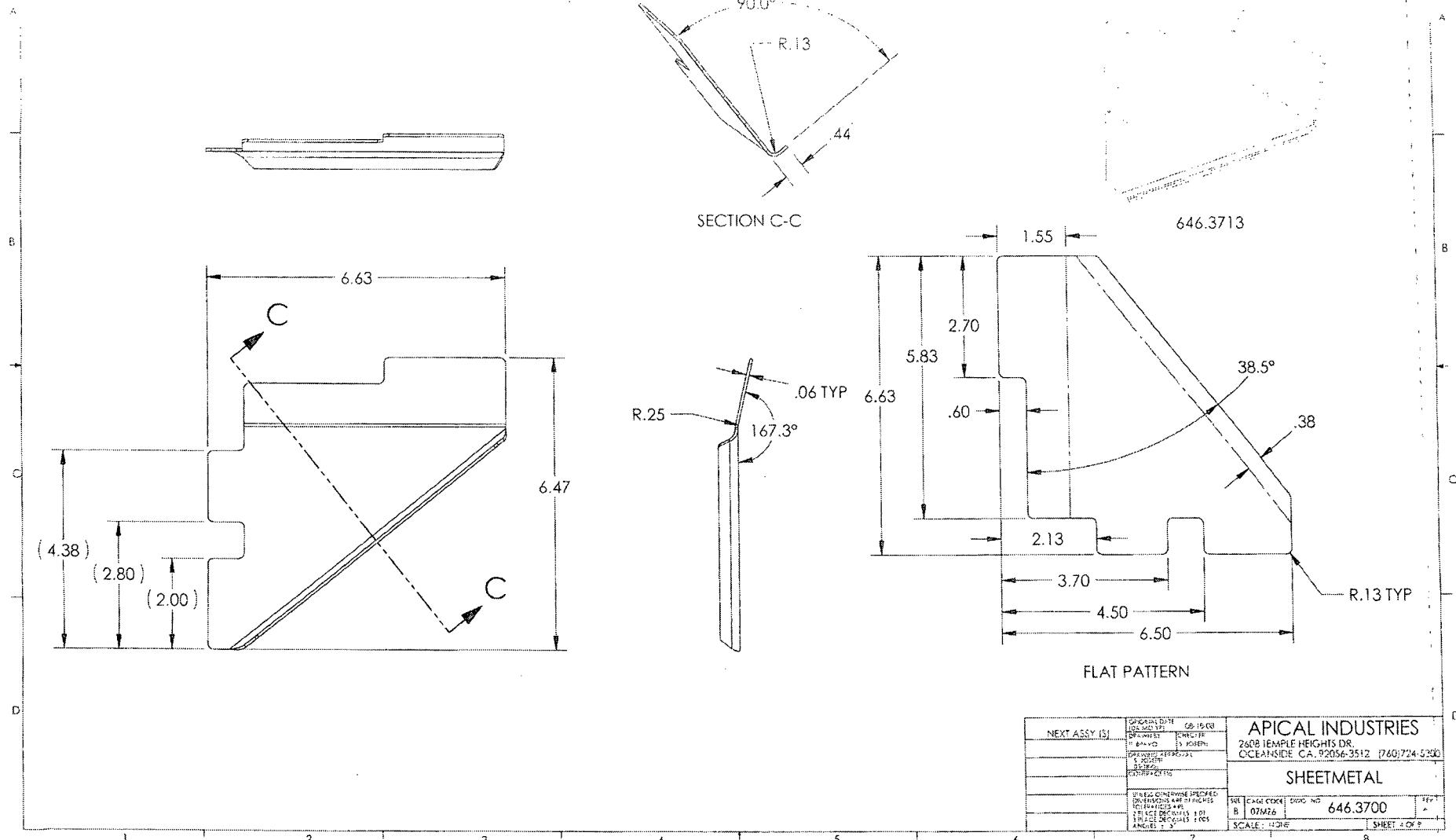
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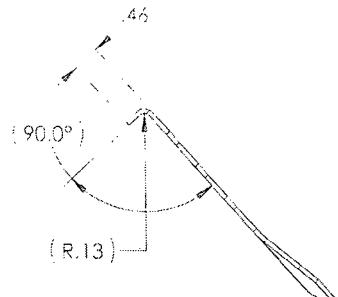
646.3711 SHOWN  
646.3712 OPPOSITE



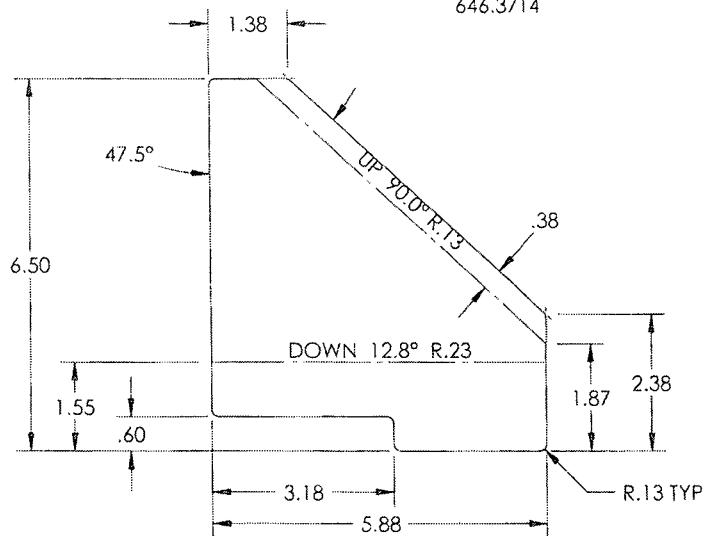
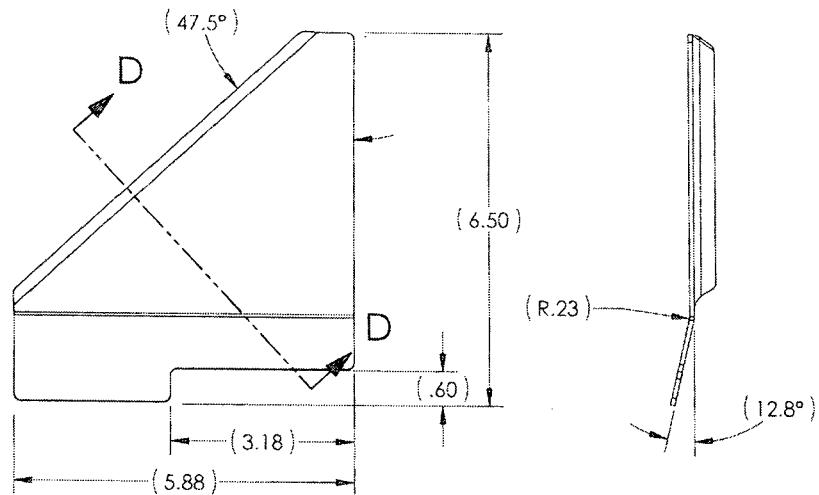
NEXT ASSY (S)	ORIGINAL DATE (DRAFT-N-17)	08-18-08
DRAWN BY	CHECER	P. BRAVO
DRAWING APPROVAL		S. JOSEPH
DESIGNER		
CONTACT NO.		
UNLESS OTHERWISE SPECIFIED		
DIMENSIONS ARE IN INCHES		
2 PLACE DECIMALS $\pm .01$		
3 PLACE DECIMALS $\pm .005$		
ANGLES $\pm .3^\circ$		
SIZE	CAGE CODE	DWG. NO.
B		646.3700
		REV. A
		SHEET 3 OF 9



100116

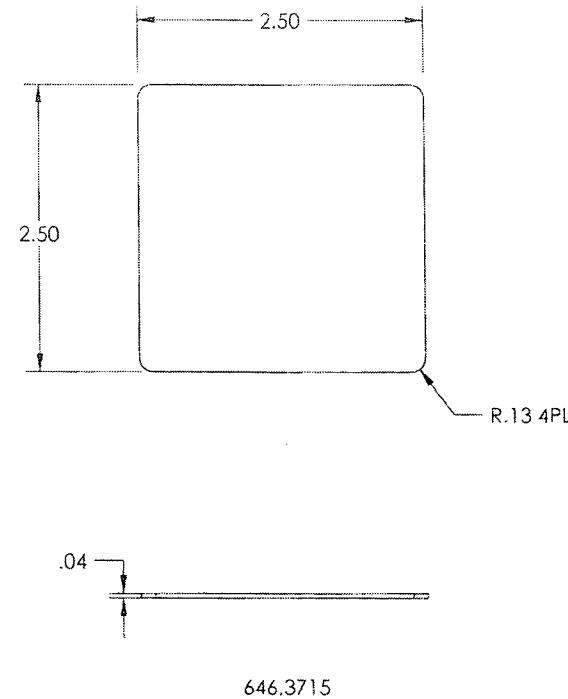


SECTION D-D



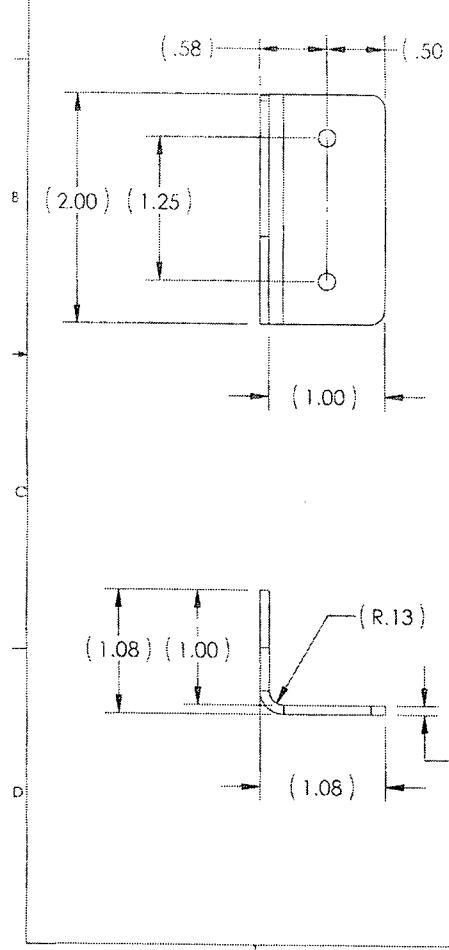
### FLAT PATTERN

100116

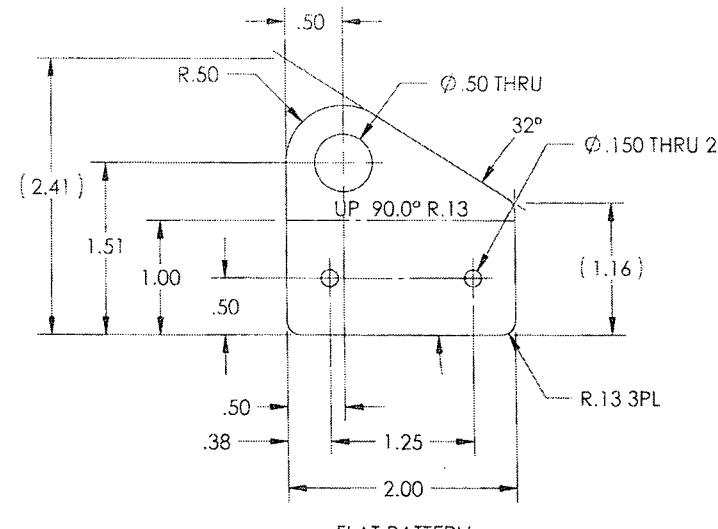
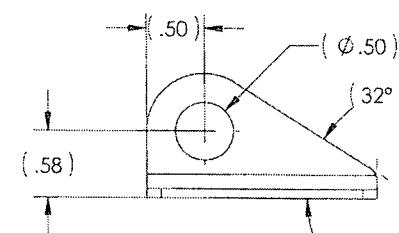


NEXT ASSY. (S)		ORIGINAL DATE 08-19-00	APICAL INDUSTRIES
DRAWN BY M. BAYO		CHIEF J. JOSEPH	2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056 3512 (760)724-5300
DRAWN APPROVAL 08-19-00		SHEETMETAL	
CONTRACT FILED		S/N 07416	REV. A
UNLESS OTHERWISE SPECIFIED DRAWINGS ARE IN PLACES 1 PLACE DRAWINGS 1/4 2 PLACE DRAWINGS 1/8 3 PLACE DRAWINGS 1/16 ANGLES & 1/8		DATE 08-19-00	SCALE: 1:ONE
		646.3700	SHEET & C/P

100116

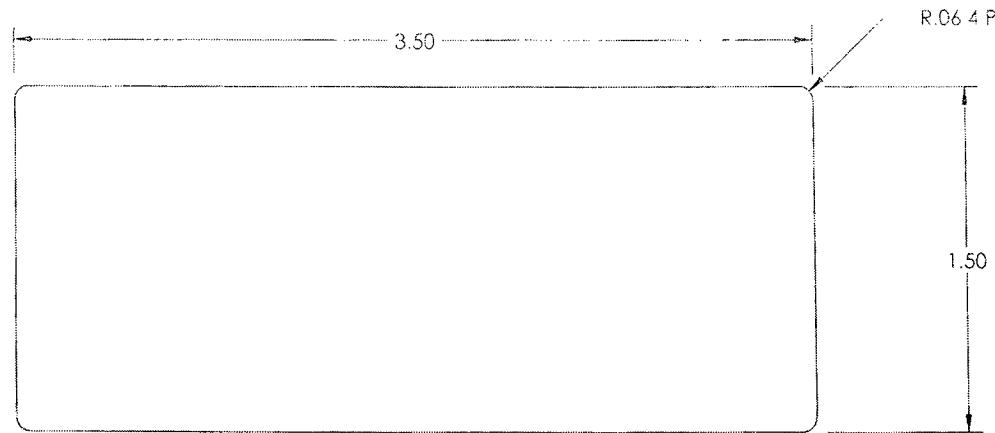


646.3716



### FLAT PATTER

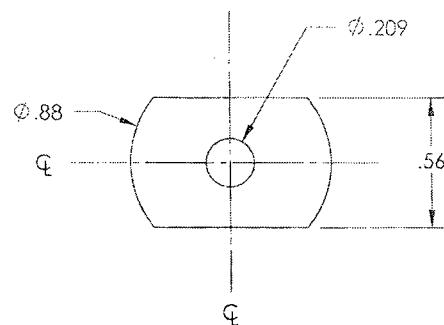
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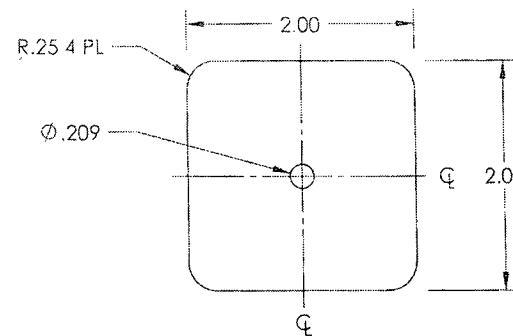
.06 —

646.3717

100116



646.3718



646.3719

NEXT ASSY (S)		DATE ISSUED 03-16-06	APICAL INDUSTRIES	
DRAWN BY P. BRAVO		DESIGNED BY C. JUSTIN	2609 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
SP-1000 APPROVAL RE: 1000		SP-1000 APPROVAL RE: 1000	SHEETMETAL	
COMPONENT NO.		SHEET CODE: 001-00 6 07/16		PN: A1
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE .010 1 PLACE DECIMALS +00 2 PLACE DECIMALS +000 3 PLACE DECIMALS +0000		SCALE: 1/4 INCH = 1 FT		SHEET 1 OF 4



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62386

Date: 17-May-13

#### To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

#### Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
1 lot	Part: ASST 12 PCS 646.3011 17 PCS 646.3410 16 PCS 646.3411 11 PCS 646.3711 11 PCS 646.3712 12 PCS 646.3714 10 PCS 646.3716  HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2  PRIME PER MIL-P-23377J TYPE I CLASS N Job: 20130293 PO: 19794 Line:
	Certificate of Conformance  A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.  ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY DATE: <u>17/5/13</u> CERTIFIED SIGNATURE: <u>W</u> RECEIVER SIGNATURE: _____